



Request for Win – Loss Statement

****Please print the below information****

Requesting statement for tax year: 20_____

Northern Rewards Players Club number: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day time phone number: _____

Evening phone number: _____

Date of birth: ____/____/____

Drivers license : _____

Signature: _____ Date: _____

IMPORTANT INFORMATION REGARDING YOUR REQUEST

- All of the above information is required. Incomplete forms will not be processed.
- Please allow 3 weeks for processing.
- End of year requests will be mailed after January 15.
- Statement will be mailed to the address above.
- All questions may be directed to 800-KEWADIN (906-632-0530) ext. 54968.
- Request forms may be faxed to 906-635-4783 to the attention Northern Rewards.
- Request forms may be returned to any Northern Rewards Club booth.
- Request forms may be mailed to: Northern Rewards, Attn: WIN LOSS REQUEST
2186 Shunk Road, Sault Ste. Marie, MI 49783.
- Statement is based on carded play.
- If above information does not match Northern Rewards account, we will contact you before statement is mailed. If we can not contact you due to inaccurate information, your form will not be processed.

For Internal Use Only

Date Received: ____/____/____ Date Mailed: ____/____/____

Prepared by: